Templates Part II
Interim Progress Report - Budget Period Three
Workplan - Budget Period Four
Focus Area B: Surveillance and Epidemiology Capacity

Budget Period Three Progress Report

Using the Interim Progress Report template below, provide a brief status report that describes progress made toward achievement of each of the *critical capacities* and *critical benchmarks* outlined in the continuation guidance issued by CDC in February 2002. Applicants should describe their agency's overall success in achieving each critical capacity. The progress report narratives should not exceed 1 page, single-spaced, for each critical capacity. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response.

CRITICAL CAPACITY: To rapidly detect a terrorist event through a highly functioning, mandatory reportable disease surveillance system, as evidenced by ongoing timely and complete reporting by providers and laboratories in a jurisdiction, especially of illnesses and conditions possibly resulting from bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies.

Provide an update on progress during Project Year III toward achieving this critical capacity:
A statewide local health jurisdiction (LHJ) assessment, conducted in the fall of 2002, found that 20 of 35 LHJs have a dedicated telephone number for receiving disease reports after-hours and 25 of 35 local health jurisdictions use an on-call roster to ensure that public health staff can be contacted at any hour of the day. The state and all nine public health regions hired epidemiologists or experienced disease investigation specialists as surveillance coordinators in order to improve surveillance for notifiable conditions across Washington State. Regional surveillance coordinators are resources for local health jurisdictions in their region. They facilitate region-wide communication, activities and training for public health surveillance. Select cases of disease and disease outbreaks are required to be reported to local and state public health agencies in accordance with Washington Administrative Code (WAC) 246-101. The rules specify that suspected or confirmed diseases of potential bioterrorism origin and unexplained critical illness and death must be reported immediately. The Washington State Department of Health (DOH) Board of Health revised the quarantine authorities and these newly adapted administrative rules governing quarantine are part of WAC and took effect February 13, 2003. DOH continues to develop the Public Health Issues Management System (PHIMS) with the goal of providing a secure, confidential mechanism for local health agencies to provide disease surveillance data through a Web-based system. DOH is coordinating this effort to assure that each LHJ can receive and evaluate disease reports of critical public health importance, 24 hours a

day, either directly or through DOH via the Public Health Issues Management System (PHIMS).

DOH developed and distributed *Washington State Guidelines for Notifiable Condition Reporting and Surveillance* to all LHJs in order to provide public health staff with a single source for case definitions, reporting requirements, clinical information and control measures for each of our notifiable conditions. These guidelines were made available to health care providers, laboratories and other notifiable condition reporters on a new DOH Notifiable Conditions Web site (www.doh.wa.gov/notify).

Regions have provided regular training, including targeted outreach to healthcare providers on disease reporting and surveillance. The trainings improve awareness of methods and requirements for notifiable conditions reporting, particularly for immediately notifiable conditions. Training materials include LHJ and DOH phone numbers for reporting disease after hours. Surveillance coordinators have generated a list of key reporters in local health jurisdictions within each region for continued communication and education.

DOH developed the Vaccine Safety Surveillance (VSS) System to collect real-time, statewide data for all aspects of the smallpox vaccination program. The department developed a Web-based application and deployed it to all public health regions to provide a method for electronically reporting data to a single statewide database. The database contains information on vaccinees, outcomes, clinics, clinic staff, referring organizations, and vaccine batches. DOH and its public health partners used standard VSS daily and weekly reports to plan and coordinate Stage 1 smallpox vaccination activities. DOH is currently evaluating the VSS and smallpox surveillance and will present reports documenting its findings at a statewide meeting in October. The agency continues to incorporate lessons learned from the development and evaluation of this system into the ongoing development of PHIMS.

Protocols for enhanced surveillance have been developed in some regions. They focus on monitoring key health indicators such as emergency department use and 911 calls. Three regions improved their capacity for early disease detection by developing or enhancing existing syndromic surveillance projects.

What is the status of your state's development of a system to receive and evaluate urgent disease reports from all parts of your state and local public health jurisdictions on a 24-hour per day, 7-day per week basis? Choose only one of the following:

- ☐ Development work has not begun (0% completed)
- ☐ Development work has just started (less than 25% completed)
- ☐ Development work is underway (26-50% completed)
- ☒ Development work is more than half way completed (51-75% completed)
- ☐ Development work is close to completion (greater than 75% completed)
- ☐ Development work completed (100% completed)

CRITICAL CAPACITY: To rapidly and effectively investigate and respond to a potential terrorist event as evidenced by a comprehensive and exercised epidemiologic response plan that

addresses surge capacity, delivery of mass prophylaxis and immunizations, and pre-event development of specific epidemiologic investigation and response needs.

Provide an update on progress during Project Year III toward achieving this critical capacity:

DOH created nine public health regions to facilitate state, regional and local public health system collaboration around public health emergency preparedness activities. All nine regional lead LHJs have hired epidemiology response coordinators and submitted work plans to DOH that incorporate all LHJs in each region. The LHJs representing Metropolitan Statistical Areas (MSA) with a population greater than 500,000 each have at least one epidemiologist dedicated to bioterrorism and emergency response.

DOH completed an assessment of Public Health Preparedness and Response (PHEPR) in Washington State, which included an assessment of epidemiologic expertise in each LHJ. DOH analyzed this assessment data and presented results at a PHEPR Advisory Committee meeting and a PHEPR Focus Area Lead meeting. Results were summarized in a written report that was distributed to regional and state partners. Regional lead LHJs were provided data for all the LHJs in their region.

DOH surveyed its employees to identify skills in epidemiologic interviewing and investigation, second language proficiency, cultural experience and medical licensure. Those with appropriate skills were offered the opportunity to volunteer for the DOH smallpox response team. Additional staff that were not vaccinated but have appropriate skills will be targeted for training for surge capacity.

Work has begun on the development of regional Epidemiology Response Plans, which will be an annex to the Comprehensive Public Health Emergency Response Plans. A workgroup of regional and state epidemiology response coordinators has formed consensus on the main elements for the Epidemiology Response Plans and the group has begun writing sections of the plan and identifying Epidemiology Response Team members.

State and regional epidemiology response coordinators developed the Washington State Smallpox Response Plan. This plan addresses the capacity for enhanced epidemiologic and disease investigation across the state, including the identification and activation of local and state Rapid Assessment Teams, other surge capacity staff, case investigation, contact tracing, mass vaccination and monitoring for adverse effects.

DOH developed the Washington Prophylaxis and Vaccination Management System (PVMS) and used it during Stage 1 vaccinations in Washington. This database contains basic information on all public health and healthcare staff in Washington who received the smallpox vaccination, as well as a registry of smallpox vaccines.

The Smallpox Mass Vaccination Plan was also developed and exercised during the Stage 1 Smallpox vaccinations. DOH conducted train-the-trainer sessions during two pilot clinics held on the east and west sides of the state. State and regional staff were trained at these sessions.

Subsequently, these staff trained staff in their regions to conduct Stage 1 smallpox vaccination clinics throughout the state. DOH conducted several interactive smallpox trainings around the state to improve adverse event recognition and reporting.

How many Metropolitan Statistical Areas (MSAs) with a population greater than 500,000 exist in your state?

Washington State has three MSAs with a population greater than 500,000: Seattle, Tacoma (Pierce County) and Snohomish County.

How many of these MSAs have at least one epidemiologist (1 FTE) dedicated to bioterrorist and emergency response?

The LHJs representing these MSAs each have at least one epidemiologist dedicated to bioterrorism and emergency response.

CRITICAL CAPACITY: To rapidly and effectively investigate and respond to a potential terrorist event, as evidenced by ongoing effective state and local response to naturally occurring individual cases of urgent public health importance, outbreaks of disease, and emergency public health interventions such as emergency chemoprophylaxis or immunization activities.

Provide an update on progress during Project Year III toward achieving this critical capacity:

DOH's Office of Communicable Disease Epidemiology maintains 24-hour reporting capacity through an on-call medical epidemiologist who can serve as a backup to LHJs that do not have their own system for 24-hour reporting. DOH collects twenty four-hour contact numbers for key DOH personnel, LHJ staff, and other state agencies that might respond to a public health emergency, updates the information biannually, and distributes it (the "Red Book") to other public health professionals. Many LHJs have specific phone numbers for after-hours reporting of notifiable conditions. Some LHJs have a general after-hours protocol for response to notifiable conditions, but many LHJs are still developing their protocols.

DOH manages list serves [redacted] to provide a forum for interactive communications with public health disease control specialists across the state. DOH Health Alerts, including Health Alerts Network (HAN) messages from the CDC, are currently disseminated through these list serves. DOH strives to ensure that multiple public health staff from each LHJ are members of the list serve. Additionally, LHJs are working to develop multiple and redundant means of communicating with their local partners such as list serves, monthly newsletters and broadcast fax.

Work has begun on the development of standardized protocols for public health investigation and response to outbreaks. A workgroup of state and regional epidemiology response coordinators convened in October 2002. This workgroup identified and reviewed existing protocols for disease outbreaks, case investigation and case management in order to identify best practices.

The workgroup identified core elements to be included in all disease investigation protocols. The group developed a template and created protocols for select diseases as examples of protocols that could be standardized and used across the state. This group will continue to work on protocol development, starting with the immediately notifiable conditions.

Selected LHJs have been revising an outbreak evaluation tool that was presented at an annual statewide public health meeting. Some are using the evaluation tool for ongoing assessment of public health investigation and response.

The DOH Office of Communicable Disease Epidemiology hired a state public health veterinarian to add capacity for zoonotic disease surveillance and investigation. The State Public Health Veterinarian develops and provides education, communication mechanisms and protocols to improve animal disease surveillance. A response protocol for suspected human West Nile Virus infection was developed and shared across the state. A poster of animal notifiable conditions has been created and comments from regional response coordinators were solicited. The poster will be disseminated following inclusion of the comments and after training on handling of zoonotic reports from veterinarians is provided to public health staff.

Budget Year Four Workplan

For each Recipient Activity applicants should complete the work plan templates attached below. Applicants are welcome to use bullet-point format in their answers, so long as the information is clearly conveyed in the response. All responses should be brief and concise. **Please note that full use of the CDC templates will meet all of the requirements for submission of a progress report and work plan**. Although no additional information is required, grantees may elect to submit other essential supporting documents via the web portal by uploading them as additional electronic files.

I. PUBLIC HEALTH SURVEILLANCE AND DETECTION CAPACITIES

CRITICAL CAPACITY #5: To rapidly detect a terrorist event through a highly functioning, mandatory reportable disease surveillance system, as evidenced by ongoing timely and complete reporting by providers and laboratories in a jurisdiction, especially of illnesses and conditions possibly resulting from bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies. (See Appendix 4 for IT Functions #1-6.)

1. Complete development and maintain a system to receive and evaluate urgent disease reports and to communicate with and respond to the clinical or laboratory reporter regarding the report from all parts of your state and local public health jurisdictions on a 24-hour-per-day, 7-day-per-week basis. **(CRITICAL BENCHMARK #7)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1.	In conjunction with Focus Area A Critical Benchmark (CB) #3 and Focus Area E, achieve statewide consensus on the definition of 24-hour-per-day, 7-day-per-week public health response, which includes the receipt of urgent disease reports. Develop guidelines for after-hours evaluation, notification, and response. Incorporate the system for 24/7 receipt, evaluation, notification and response into State, Regional and Local Public Health Emergency Response Plans.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a.	Define 24/7 coverage including basic parameters (i.e. maximum amount of time it should take for a reporter to reach health department staff, methods for recording and tracking all calls) for an effective system.
1b.	Using the 24/7 definition and recommendations from other assessments (i.e., BioSense cities), develop a scalable model that will add efficiency and redundancy to public health agencies with existing systems for 24/7 response.
2a.	Establish draft guidelines for after-hours evaluation, notification and response.
2b.	Adapt guidelines appropriately on regional or local basis.
3a.	Each LHJ will incorporate their 24/7 system for receipt, evaluation, notification and response into their Public Health Emergency Response Plans.

3b. State and local public health agencies will create or enhance 24/7 response using the developed model either internally or through agreements with other system partners

Timeline: What are the critical milestones and completion dates for each task?

1a. Definition developed by 9/12/03

1b. 24/7 system with scalable improvements written by 10/15/03

2a. Draft guidelines for after-hours evaluation, notification and response written by 11/30/03

2b. Guidelines modified for regional/local use by 12/30/03

3a. 24/7 evaluation and response system in place in all state & local public health agencies by 12/31/03

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State and Regional Epidemiology Coordinators, Regional Emergency Response Coordinators (RERCs)

1b. State and Regional Epidemiology Coordinators

2a. Focus Area A/RERCs, State and Regional Epidemiology Coordinators

2b. Focus Area A/RERCs, Regional Epidemiology Coordinators; local communicable disease staff

3a. State and local Senior Health Officials

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Percentage of LHJs that have identified a duty officer and established 24/7 coverage
- Guidelines written for disease-specific after-hours evaluation, notification and response
- Assessment of response (see Critical Benchmark #10)

2. Ensure legal authority to require and receive reports and investigate any suspect cases, potential terrorist events, unusual illness or injury (e.g., chemical or radiological) clusters, and respond in ways to protect the public (e.g., quarantine laws).

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Under Washington Administrative Code (WAC) 246-101, local and state health officers have the legal authority to require and receive reports and investigate diseases of public health importance, including immediate reporting of suspected or confirmed diseases of potential bioterrorism origin and unexplained critical illness and death. Local and state health officers can require reporting of additional conditions on a routine or emergency basis under the authority of the WAC. The newly adapted administrative rules (2/13/02) governing quarantine are part of WAC 246-100-040-070. DOH provides the following templates to local health officers and their legal counsel to facilitate adoption of quarantine and isolation orders on a local level:
   - Request for Voluntary Compliance
   - Emergency Involuntary Detention Order

- Petition to Superior Court for an Ex Parte Order Authorizing Involuntary Detention
- Petition for Order Authorizing Continued Detention

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. LHJs will review quarantine and isolation templates provided by DOH

1b. Using the templates provided by DOH or working with their own legal counsel, LHJs will carry out the necessary actions in order to adopt quarantine and isolation orders

1c. Based on the templates provided by DOH or LHJ legal council, develop legal authority section of Public Health Emergency Response Plans.

Timeline: What are the critical milestones and completion dates for each task?

1b. Adopt quarantine and isolation orders on a local level:
- Local Request for Voluntary Compliance developed – varies by jurisdiction
- Local Emergency Involuntary Detention Order developed - varies by jurisdiction
- Local Petition to Superior Court for an Ex Parte Order Authorizing Involuntary Detention - varies by jurisdiction
- Local Petition for Order Authorizing Continued Detention - varies by jurisdiction

1c Incorporate appropriate legal authorities into Regional and Local Public Health Emergency Response Plan - varies by jurisdiction

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1b. LHJ Senior Health Officials and their legal counsels

1c. RERCs, Regional Epidemiology Response Coordinators

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Local Public Health Emergency Response Plans incorporate appropriate legal authorities.

3. At least annually, with the input of local public health agencies, assess the timeliness and completeness of your reportable disease surveillance system for:

   a. Outbreaks of illness and/or key categories of cases of reportable diseases, particularly those that are caused by agents of bioterrorism concern or those that mimic agents of bioterrorism concern; and others, such as influenza, invasive bacterial diseases, vaccine preventable diseases, vector-borne diseases, and food- and water-borne diseases.

   b. Acute dermatological conditions/rash illnesses.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Annual assessments of the completeness and timeliness of notifiable disease surveillance will be conducted using a standardized statewide tool and through further evaluation, as appropriate.
2. The standardized evaluation will use existing and new surveillance system attributes (such

as electronic disease reporting and new case report forms) and will focus on disease outbreaks and key notifiable diseases. Regional surveillance coordinators will select key notifiable conditions to assess for completeness and timeliness of reporting.

3. In addition to the standard evaluation, state, regional and/or local public health agencies will apply additional methods to further evaluate the performance of their surveillance system (i.e. case report review, active laboratory surveillance, hospital discharge data review).

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Develop standard evaluation tool.

2a. Regional Surveillance Coordinators select key notifiable conditions to assess for timeliness annually

3a. Create a "toolbox" of further evaluation methods, including case report review, active laboratory surveillance, hospital discharge data review and other best practices that can be applied at the state, regional and/or local level as appropriate.

3b. Apply standard and other evaluation methods at the state, regional and/or local level.

Timeline: What are the critical milestones and completion dates for each task?

1a. Standard evaluation elements determined and questionnaire completed 1/2/04

2a. Disease outbreaks for review and key notifiable conditions selected - varies by jurisdiction

3a. Methods for further evaluation collected and described - varies by jurisdiction

3b. Assessment completed – varies by jurisdiction

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

All tasks - State and Regional Surveillance Coordinators

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Standard evaluation questionnaire developed
- Evaluation conducted at state and representative local public health agency in each region.

4. Based on these assessments, develop or enhance reporting protocols, procedures, surveillance activities information dissemination, or analytic methods that improve the timeliness, completeness, and usefulness of the reportable disease system.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Statewide, results of the standardized evaluation (described above in CC #5 activity #3) will be summarized and recommendations for statewide, regional and/or local surveillance system improvements will be developed.

2. State and local public health agencies will produce a report summarizing their own deficiencies identified by the surveillance evaluation. This report will be accompanied by a documented plan of activities to improve notifiable conditions surveillance with implementation timelines.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Review data from standard evaluation questionnaire
1b. Develop recommendations for surveillance system improvement based on the findings from the evaluation
2a. Review standard and additional evaluation data at the agency level.
2b. Document deficiencies and develop plan for improvement.

Timeline: What are the critical milestones and completion dates for each task?

1. Report summarizing the findings of the standardized evaluation varies by jurisdiction
2. Recommendations for surveillance system improvement documented varies by jurisdiction
3a. Agency-level review documented varies by jurisdiction
3b. Plan for surveillance system improvement documented at each region varies by jurisdiction

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State Surveillance Coordinator
1b. State and Regional Surveillance Coordinators
2a. State and Regional Surveillance Coordinators
2b. State and Regional Surveillance Coordinators

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

• Regional plans incorporate surveillance system improvements

5. a. Provide ongoing specialized disease surveillance and epidemiologic training for public health, clinical, and other healthcare professionals to develop subject matter expertise within the public health system for disease detection, contact tracing, and outbreak analysis. **(LINK WITH FOCUS AREA G, CROSS CUTTING ACTIVITITY *EDUCATION AND TRAINING,* Attachment X)**

   b. Evaluate disease surveillance and epidemiologic training for public health personnel.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. In coordination with Focus Area G, establish a system for identifying and developing public health and clinical subject matter experts, including identification of training/education appropriate for different types of subject matter experts. Work with Focus Area G Coordinator, Regional Learning Specialist (RLS), Focus Area B lead and Regional Epidemiology Coordinators to explore establishing a public health mentoring program, similar to the Florida EIS, for training in applied epidemiology and investigation, including specific criteria and performance objectives to be accomplished by participants.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Establish a state Epidemiology Learning Liaison to work closely with Focus Area G Coordinator, RLS and Regional Epidemiology Coordinators to identify, evaluate, develop curriculum and provide specialized surveillance and epidemiologic training for public health, clinical and other healthcare professionals.

1b. Link with Focus Area G and Washington Public Health Training Network (WAPHTN) to maintain a calendar of learning and training opportunities offered by public health, emergency response partners and academic institutions in the state relevant to epidemiology response activities.

1c. Catalogue, evaluate and communicate existing epidemiology and surveillance Web-based, video or other self-study training materials available through Public Health Training Network or other sources.

1d. Track and manage education and training through link with Focus Area G and the proposed Learning Management System.

1e. Identify and prioritize gaps in available epidemiology and surveillance training materials and develop strategies or partners (i.e., University of Washington's Northwest Center for Public Health Practice) for filling those gaps.

1f. Develop standardized training specific to disease detection, contact tracing, outbreak analysis, PHIMS and other Web-based reporting and notification mechanisms.

1g. Provide training to local public health staff, partner agency staff, epidemiology response teams, health care providers, and others through statewide, regional or local meetings, train-the-trainer sessions, exercises and drills and evaluate training based on response.

1h. Establish, develop and maintain relationships with hospital education and training departments, infection control practitioners and continuing education coordinators to improve disease detection, contact tracing, and outbreak analysis; including participation in exercises for continuing education.

Timeline: What are the critical milestones and completion dates for each task?

1a. Hire state Epidemiology Learning Liaison by 10/1/03

1b. Maintain and Update calendar - ongoing

1c. Existing training catalogued and evaluated - ongoing

1d. Use Washington Learning Management System once established

1e. Identify gaps in training - ongoing

1f. Develop training or curriculum ongoing

1g. Provide training - ongoing

1h. Establish relationships with continuing education coordinators - varies by jurisdiction

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Focus Area B Lead, Focus Area G Coordinator

1b. State Epidemiology Learning Liaison, Regional Learning Specialists, Focus Area B Lead and Regional Epidemiology Coordinators

1c. Epidemiology Learning Liaison, Focus Area G Coordinator, Regional Learning Specialists

1d. Epidemiology Learning Liaison, Focus Area G Coordinator, Regional Learning Specialists and Epidemiology Coordinators

1e. Epidemiology Learning Liaison

1f. Epidemiology Learning Liaison

1g. Epidemiology Learning Liaison, Focus Area G Coordinator, Regional Learning Specialists and Epidemiology Coordinators

1h. Regional Learning Specialists and Epidemiology Coordinators

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Epidemiology Learning Liaison established and effectively linking focus area B and G

1. Ensure epidemiologic capacity to manage the reportable disease system at the state and local level by providing necessary staffing, supplies, and equipment for epidemiology, surveillance, and interpretation of clinical and laboratory information. **(LINK WITH FOCUS AREAS C AND G)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Maintain State and Regional Surveillance coordinators. Identify regions or local health jurisdictions in need of additional epidemiology support and provide funding for staff or other identified resources. Many regions have elected to develop Communicable Disease Liaison Programs, similar to the one developed in Region 9 to develop a rapport with providers and increase communicable disease reporting. These liaisons provide outreach and information about public health services and programs, disseminate updates about communicable disease treatment and control, work in the field to link providers and their staff with the experts at the LHJ, and perform other tasks necessary to meet the critical capacities.
2. Develop new tools for notifiable condition surveillance and distribute to state, regional and local public health agencies. Tools will include standardized case report forms to improve the quality, completeness and timeliness of notifiable condition surveillance and new technology for electronic disease reporting (i.e., PHIMS, Electronic Laboratory Reporting [ELR], reporting Web site for health care providers)
3. Provide training and education for public health agencies following the development of these products.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Work with Regional Lead LHJs to develop 2003-2004 LHJ contract and statement of work for state and regional Epidemiology Surveillance Coordinators.

1b. Identify regions or LHJs in need of additional support.

1c. Develop 2003-2004 LHJ contract and statement of work for regional or local staffing enhancement.

2a. Complete development of standardized case report forms

2b. Continue to identify, develop and implement appropriate technology solutions to improve notifiable condition surveillance.

3a. Develop training for public health staff on the case report forms and on the *Washington State Guidelines for Notifiable Conditions Reporting and Surveillance.*

Timeline: What are the critical milestones and completion dates for each task?

1a. LHJ contract including statement of work and deliverables in place by 8/31/03

1b. Regions/LHJs in need of additional support identified by 7/30/03

1c. Contract developed for additional support by 8/30/03

2a. Case report forms redesign initiated by 11/15/03

2b. Participation in User communities – ongoing

3a. Training curriculum written following form revision

3b. Training held in each public health region – varies by region

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Focus Area B Lead and Regional Epidemiology Surveillance Coordinators

1b. Local, regional and state public health agencies

1c. Focus Area B Lead and Regional Epidemiology Surveillance Coordinators

2a. State Surveillance Coordinator; Epidemiology Learning Liaison

2b. State and Regional Surveillance Coordinators

3a. State Surveillance Coordinator, Epidemiology Learning Liaison, Regional Surveillance Coordinators

3b. Epidemiology Learning Liaison, Regional Surveillance Coordinators

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Case report forms developed and distributed
- Training documented in each public health region

3. a. Educate and provide feedback to reporting sources in your jurisdiction about notifiable diseases, conditions, syndromes and their clinical presentations, and reporting requirements and procedures, including those conditions and syndromes that could indicate a terrorist event. **(LINK WITH FOCUS AREA G, CROSS CUTTING ACTIVITITY *EDUCATION AND TRAINING,* Attachment X)**

b. Evaluate training provided to clinicians and other health care providers**.**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Regions will employ appropriate strategies such as developing network nurse or public health liaison programs to foster relationships and provide education and training to health care providers and other notifiable conditions reporters. All training will be documented and evaluated by health care providers and notifiable condition reporters. Training materials and information from evaluations will be collected and cataloged to provide a resource for sharing and discussing. Hospitals and clinicians will be provided resources to clarify how they should report to public health agencies. Topics covered will include electronic reporting and Healthcare Insurance Portability and Accountability Act (HIPAA).

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Continue to develop and update local/regional health care provider networks that will be targeted for outreach, education (including HIPAA) and training.

1b. Use standard materials for face-to-face outreach and training, such as presentations developed in CC #6-10, existing presentations, or new training tools for notifiable condition reporters

1c. Use newsletters, electronic list serves, notes of appreciation and other tools to provide feedback to reporters

1d. Track and manage education and training through link with Focus Area G and the Learning Management System

Timeline: What are the critical milestones and completion dates for each task?

1a. Reporter contact database is updated - ongoing

1b. Training materials developed and shared - ongoing

1c. Enhance communication mechanisms - ongoing

1d. Use Learning Management system when established

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Regional Surveillance Coordinators and/or local communicable disease staff

1b. Regional Surveillance Coordinators and/or local communicable disease staff, Epidemiology Learning Liaison (ELL), Focus Area G Lead and Regional Learning Specialist (RLS)

1c. Regional Surveillance Coordinators and/or local communicable disease staff, ELL, Focus Area G Lead and RLS

1d. ELL, Focus Area G Lead, RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Training documented
- Catalogue in place

4. Assess and strengthen links with animal surveillance systems and the animal health community to support early detection efforts of illness among animals.

Strategies: What overarching approach(es) will be used to undertake this activity?

Background: WAC 246-101-405 requires veterinarians to report animal zoonotic diseases to local public health jurisdictions. However, [redacted] reports have been received from the veterinary community in the three years since this regulation went into effect. Zoonoses may be underreported due to economic constraints on diagnostic testing and [redacted] between the veterinary and public health communities. Currently, Washington has [redacted]. Developing such a system will require enhanced collaborations with veterinarians and wildlife agencies.

DOH will initiate an animal disease surveillance system by enhancing communication and establishing laboratory resources for necropsy, diagnostics, and serosurveys. Through surveillance, identify trends in significant zoonotic diseases and formulate control and prevention activities, and establish an early detection program for agents of potential bioterrorism and emerging zoonotic diseases. This will be accomplished though implementation of three strategies:

1. Identify stakeholders/participants in animal disease surveillance
2. Initiate ongoing and regular communication with a steering committee that will perform key tasks.
3. Enhance state, regional and local health collaborations to achieve key tasks

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Identify stakeholders/participants in animal disease surveillance such as private veterinary practitioners, the state veterinary association, Washington State University College of Veterinary Medicine, Washington State Animal Disease Diagnostic Laboratory (WADDL), the Washington Department of Agriculture, the Washington Department of Fish and Wildlife, wildlife rehabilitators, regional and county health jurisdictions, military bases, humane societies and others that could be integrated into a zoonotic disease surveillance program.

The steering committee will:

2a. Assess the existing infrastructure for animal disease surveillance.
2b. Strengthen key relationships between public health and other agencies involved in animal health.
2c. Develop strategies to initiate an animal disease surveillance program.
2d. In conjunction with Focus Areas C and D, ensure veterinary laboratory capacity to diagnose, detect and monitor diseases in (non-human) animals that are important to human health in Washington.
2e. Develop investigation protocols for zoonotic diseases in animals, beginning with those agents that may have bioterrorism potential.

State, regional and local health agencies will collaborate to:

3a. Establish regular communications on veterinary surveillance. 3b. Facilitate investigations of potential animal disease outbreaks of public health significance including diagnostic support. 3c. Develop collaborative protocols to investigate zoonotic disease cases and outbreaks in animals. 3d. Promote strategies to enhance animal disease diagnostics and case reporting.

Timeline: What are the critical milestones and completion dates for each task?

1a. Initial stakeholders have been identified – completed. 2b. Assessment of current status of veterinary surveillance for zoonotic disease to be completed by December 2003. 3a. List server communication with Regional Epidemiology Coordinators re: veterinary surveillance to be developed by December 2003. 2d. Steering committee to discuss zoonotic disease animal surveillance strategies by December 2003. 3a. DOH and LHJs to disseminate communications about surveillance activities by February 2004. 3c. Develop response protocols for zoonotic disease reports in animals by April 2004.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State Public Health Veterinarian 2b. State and local Public Health Veterinarians, Epidemiology Response Coordinators, WADDL 3a. State and local Public Health Veterinarians, Epidemiology Response Coordinators, WADDL 2d. State Public Health Veterinarian 3a. State and local Public Health Veterinarians, Epidemiology Response Coordinators 3c. State and local Public Health Veterinarians

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Protocols for zoonotic disease investigation developed

5. In coordination with your public health laboratory, develop and implement a strategy to ensure laboratory testing (in clinical or public health laboratories) for rapid or specific confirmation of urgent case reports. (See Appendix 4 for IT Functions #1, 4, and 5.) **(LINK WITH FOCUS AREA C)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. In coordination with Focus Area C, (includes DOH Public Health Laboratories [PHL], Spokane Regional Public Health Laboratory and Public Health-Seattle & King County Public Health Laboratories) will assist LHJs and emergency response system partners by providing protocols and training for obtaining rapid testing of suspected bioterrorist agents

as appropriate. Protocols will include when specimens (including suspect smallpox) should be referred to PHL or other Laboratory Response Network (LRN) laboratories, the protocol for obtaining testing 24/7, and how to safely package and transport specimens.

2. PHL, as part of pre-event smallpox planning, will identify laboratories in Washington that have the capacity to perform and report LRN-validated testing for variola major, vaccinia and varicella from human and environmental samples. This collaboration will include review of established smallpox emergency procedures and development of specimen collection kits.

   PHL will integrate new, advanced rapid identification methods approved by the LRN into the current testing algorithm for human, environmental, animal, food or water specimens.

3. Link with Focus Area C Critical Benchmark #14 simulation exercise to examine the process for rapid intake, transport, testing and results reporting.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Distribute updated suspicious substance/threatening letter sample submission and testing protocol to response system partners on an annual basis

1b. Develop protocols for communication, notification and submission of specimens, including suspect smallpox and incorporate into state, regional and local Epidemiology Response Plans (or overall Public Health Emergency Response Plan as appropriate).

1c. Disseminate and provide training on protocols to appropriate response system partners including health care providers, laboratories and first responders.

1d. Update DOH *Notify* Website and *Washington State Guidelines for Notifiable Conditions Reporting and Surveillance* with specimen submission protocols and requirements.

2.a Continue to work closely with PHL to prioritize new testing methods development based on epidemiologic needs as identified.

3.a Work with PHL to include objectives in their required simulation exercise that will examine strengths/weaknesses in current system for submission of samples of suspected bioterrorist agents.

Timeline: What are the critical milestones and completion dates for each task?

1a. Protocol disseminated to LHJs by 10/30/03

1b. Protocols incorporated into state, regional and local plans – varies by jurisdiction

1c. Training provided to response system partners – varies by jurisdiction

1d. Update Guidelines and website with submission protocol initiated by 1/30/04

2a. Meetings with PHL – ongoing

3a. Meetings with PHL – ongoing

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State and Regional Epidemiology Response Coordinators, PHL Training Coordinator
1b. DOH CD Epidemiology, PHL Training Coordinator, and Epidemiology Response Coordinators and RERCs/LERCs
1c. Regional Epidemiology Coordinators
1d. PHL Training Coordinator, State Epidemiology Response Coordinator
2a. DOH CD Epidemiology
3a. State Epidemiology Response Coordinator

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Notify website updated with specimen submission protocols

6. (Smallpox) Improve the adequacy of state and local public health surveillance and reporting capacities related to smallpox, such as active surveillance for rash illnesses, case contact tracing, and monitoring for adverse events following vaccination.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Revise the surveillance annex of state, regional and local smallpox response plans based on the revised CDC Guide A released in 2003.
2. Develop capacity for rash illness surveillance including report forms and training. Select regions may establish and conduct active surveillance for febrile rash illness using sentinel health care providers (dermatologists, occupational medicine, pediatricians) to determine baseline rates.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Revise surveillance annex of state smallpox response plan
1b. Local revisions follow
2a. Revise DOH measles outbreak protocol
2b. Evaluate Stage 1 Smallpox Vaccine Safety Surveillance System including adverse event reporting

Timeline: What are the critical milestones and completion dates for each task?

1a. State smallpox surveillance annex revision initiated by 12/31/03
1b. Local and regional smallpox response plans revised – varies by jurisdiction
2a. Measles outbreak protocol revised by 8/30/04
2b. Stage 1 evaluation completed by 6/30/03

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State and Regional Epidemiology Coordinators, DOH BT Medical Epidemiologist, DOH Immunization Program, Smallpox Program Coordinator

1b. Regional Epidemiology Coordinators
2a. DOH Immunization Program
2b. State and Regional Surveillance Coordinators and Smallpox Program Coordinator

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Smallpox Surveillance Annex revised

7. In coordination with local public health agencies, apply information technology according to established specifications, including NEDSS development or the NEDSS Base System, to develop or enhance electronic applications for reportable diseases surveillance, including electronic laboratory-based disease reporting from clinical and public health laboratories and linkage of laboratory results to case report information. (See Appendix 4 for IT Functions #1-5.) **(LINK WITH FOCUS AREAS C AND E, CROSS CUTTING ACTIVITITY *SURVEILLANCE* AND *INTEROPERABILITY OF IT SYSTEMS*, Attachment X)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. In coordination with Focus Area E, DOH will continue to develop and maintain a secure Web-based system (PHIMS) that LHJs can use to collect notifiable conditions and investigations data, and report it to DOH. DOH will also use this data system for notifiable condition surveillance activities, such as data analysis, quality assurance, and disease reporting to LHJs and the CDC.

   A local, regional and state communicable disease and surveillance staff user group will continue regular meetings to discuss policy and other issues that must be addressed prior to system deployment. A subgroup of state and local health officials, the Washington Electronic Disease Surveillance System Steering Committee, will convene monthly to decide on project and policy issues that are beyond the scope of the user group.

   DOH's Office of Communicable Disease Epidemiology will hire an epidemiology data specialist to oversee content review and data coding, incorporating comments and suggestions from the user group and other state and LHJ communicable disease staff.

   When Washington Electronic Disease Surveillance System (WEDSS) and Communicable Disease Epidemiology staff determine that PHIMS meets the business requirements and design features documented by the user group and other stakeholders, the system will be piloted, with user acceptance testing, and necessary changes will be documented and incorporated into the system. WEDSS and DOH Communicable Disease Epidemiology will document and assure that necessary infrastructure exists to support PHIMS. When that infrastructure is in place, DOH will deploy PHIMS to state and local public health agencies across Washington State.

   In conjunction with the system development, and in collaboration with Focus Area G, training strategies will be identified and audience specific curriculum created. The WEDSS Helpdesk will be enhanced to support PHIMS. Appropriate state and regional epidemiology coordinators and local communicable disease staff will be trained to provide technical support for the system.

2. Laboratories will continue to build technology infrastructure consistent with electronic data standards to support electronic data interchange with public health partners. DOH will continue to guide these efforts by providing standards built on the Public Health Information Network (PHIN) and other national standards. As laboratories develop the capacity to meet the IT standards through modification of existing information systems or creation of new systems, DOH will provide implementation guidelines for laboratories to send electronic messages. Additionally, DOH will build systems for sharing information by modifying software code from other states or sources. This electronic messaging system will be pilot tested prior to implementation in laboratories across the state. The end-product will be able to accept notifiable conditions reports from clinical and hospital laboratories and deliver reports to appropriate LHJs using PHIN standards including required coding formats.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Continue PHIMS user group meetings

1b. Hire DOH Communicable Disease Epidemiology data specialist

1c. Standardize and build consensus on PHIMS content, including data elements and coding

1d. Review PHIMS application against business requirements and functional needs; accept for deployment if appropriate

1e. Test and deploy application to select pilot jurisdictions; implement changes based on results

1f. Develop and provide training to local, regional and state PHIMS users

1g. Document and assure infrastructure to support PHIMS is in place at DOH

1h. Deploy PHIMS to state and local public health agencies

2a. Provide implementation guidelines for electronic messaging to hospital and clinical laboratories

2b. Build electronic messaging system to collect notifiable condition reports from laboratories and deliver same to appropriate state and local public health agencies

2c. Pilot-test electronic messaging system

2d. Deploy system to prioritized labs

Timeline: What are the critical milestones and completion dates for each task?

1a. PHIMS user group meetings held on a monthly basis

1b. DOH Communicable Disease Epidemiology data specialist hired by 9/1/03

1c. PHIMS content standardized and accepted by system stakeholders by 9/1/03

1d. Review of PHIMS application against business requirements and functional needs initiated by 9/15/03

1e. PHIMS deployed to select LHJs for pilot testing by 12/01/03

1f. PHIMS training curriculum and training plan developed by 11/15/03

1g. Infrastructure needs for PHIMS support documented and addressed by 9/30/03

1h. PHIMS deployed to state and local public health agencies beginning 1/1/04

2a. Implementation guidelines for electronic messaging from hospital and clinical laboratories provided by 10/1/2003
2b. Electronic messaging system to collect notifiable condition reports from laboratories and deliver same to appropriate state and local public health agencies built by 11/1/2003
2c. Pilot-test electronic messaging system initiated by 11/1/2003
2d. System deployed to prioritized labs by 1/1/2004

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. WEDSS, State and Regional Surveillance Coordinators, local communicable disease staff
1b. DOH Communicable Disease Epidemiology
1c. DOH Communicable Disease Epidemiology, WEDSS, PHIMS user group, local communicable disease staff
1d. WEDSS, DOH Communicable Disease Epidemiology
1e. WEDSS, select local health jurisdictions
1f. WEDSS, State Epidemiology Learning Liaison, Focus Area G
1g. WEDSS, DOH Communicable Disease Epidemiology
1h. WEDSS, state and local public health agencies
2a. WEDSS
2b. WEDSS
2c. WEDSS, select laboratories
2d. WEDSS, laboratories

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

• Percentage of LHJs with access to PHIMS

8. In coordination with your public health laboratory, develop the capacity to apply molecular epidemiologic methods (e.g., pulsed field gel electrophoresis or sequence-based methods) to outbreak investigations and surveillance as appropriate. **(LINK WITH FOCUS AREA C)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Collaborate with the Washington State Public Health Laboratories (PHL) microbiology molecular laboratory to ensure the best mechanism is used for molecular testing and for sharing testing results with epidemiologists at DOH and LHJs. This will enhance their ability to identify clusters and outbreaks.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Work with PHL molecular laboratory to determine information needed to enhance DOH and LHJs' ability to identifying clusters and outbreaks

1b. PHL molecular laboratory will develop a nomenclature for enteric subtypes which will help epidemiologists gain expertise in understanding implications of certain patterns and historical trends

1c. Add molecular subtyping results to daily enteric report provided by the PHL

1d. Work with PHL to expand scope of organisms for which routine subtyping is performed, as appropriate

Timeline: What are the critical milestones and completion dates for each task?

1a. Meet routinely with PHL ongoing

1b. Nomenclature developed 11/1/03

1c. Subtype results added to daily report by 11/15/03

1d. Work to expand list of organisms for routine subtyping – ongoing

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. DOH Communicable Disease Epidemiology and PHL pulsed-filed gel electrophoresis (PFGE) Laboratory

1b. PHL PFGE Microbiologist

1c. PHL PFGE Lab and DOH Communicable Disease Epidemiology

1d. PHL PFGE Lab and DOH Communicable Disease Epidemiology

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- PFGE type added to daily report
- Library of enteric subtypes created

9. Integrate infectious disease surveillance by establishing relationship with state veterinary diagnostic laboratory. Evaluate database system for identification and tracking of zoonotic diseases. Conduct survey of veterinary practitioners regarding laboratory utilization and specimen submission practices.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Develop and enhance collaborations between state and local public health departments, and the Washington Animal Disease Diagnostic Laboratory (WADDL). Develop protocols for local health to respond to and track zoonotic diseases in animals and humans. Evaluate the use of veterinary laboratories by the veterinary and animal health community in order to determine priorities for enhancing the relationships and animal disease surveillance strategies.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. In conjunction with Focus area C, identify capacities and needs to develop enhanced zoonotic disease testing at WADDL and PHL. 1b. Conduct survey of veterinarians regarding laboratory utilization and submission practices.

Timeline: What are the critical milestones and completion dates for each task?

1a. DOH and WADDL to identify existing capacities and explore potential needs for enhanced zoonotic disease surveillance in animals by February 2004. 1b. Survey of veterinarians initiated by April 2004 1c. Notification to stakeholders of available laboratory capacity for animal disease surveillance to be done by December 2003.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. WADDL, PHL, State and local Public Health Veterinarians, Regional Epidemiology Coordinators 1b. WADDL, PHL, State Public Heath Veterinarian, Region 6 Public Health Veterinarian, Regional Epidemiology Coordinators 1c. WADDL, PHL, State Public Heath Veterinarian

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Survey of veterinarians completed

ENHANCED CAPACITY #4: To rapidly detect and obtain additional information about bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies through other core, cross-cutting health department surveillance systems such as vital record death reporting; medical examiner reports; emergency department, provider, or hospital discharge reporting; or ongoing population-based surveys. (See Appendix 4 for IT Functions #1-4.)

1. Enhance the timeliness and completeness of a system, (e.g., death reporting, data kept by medical examiners/coroners, emergency responders, poison control centers, 911 systems, pharmacies, clinics, and veterinarians) through electronic reporting to detect or respond to a terrorist attack. (See Appendix 4 for IT Functions #1-5.)

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

ENHANCED CAPACITY #5: To rapidly detect and obtain additional information about bioterrorism, other infectious disease outbreaks, or other public health threats or emergencies by accessing potentially relevant pre-existing data sets outside the health department, or through the development of new active or sentinel surveillance activities.

1. Develop and evaluate surveillance to rapidly detect influenza-like illness (ILI) and distinguish possible bioterrorism-caused illness from other causes of ILI.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

2. Develop active, laboratory-based surveillance for invasive bacterial diseases (for example, *N. meningitidis, B. anthracis, Y. pestis,* and other causes of sepsis or meningitis). **(LINK WITH FOCUS AREA C)**

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

3. Develop and evaluate surveillance for encephalitis and meningitis or unexplained critical illnesses or deaths. Link clinical reports and laboratory test results. **(LINK WITH FOCUS AREAS C AND E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

4. Develop and evaluate surveillance for indicators of terrorist events, and catastrophic infectious diseases, including hospital admissions, hospital beds occupied (or available), intensive care unit admissions, or emergency department visits. **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

5. Evaluate existing databases (for example, data kept by medical examiners/coroners, emergency responders, poison control centers, 911 systems, pharmacies, clinics, and

veterinarians) for use in surveillance systems. **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

II. PUBLIC HEALTH EPIDEMIOLOGIC INVESTIGATION AND RESPONSE CAPACITIES

CRITICAL CAPACITY #6: To rapidly and effectively investigate and respond to a potential terrorist event as evidenced by a comprehensive and exercised epidemiologic response plan that addresses surge capacity, delivery of mass prophylaxis and immunizations, and pre-event development of specific epidemiologic investigation and response needs.

1. Confirm that an epidemiological response coordinator for bioterrorism, other infectious disease outbreaks, and other public health threats and emergencies has been designated at the appropriate state and/or local levels.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Continue funding of State and Regional Epidemiology Response Coordinators.
2. Identify regions or local health jurisdictions in need of additional epidemiology support and provide funding for staff.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Work with Regional Lead LHJs to develop 2003-2004 LHJ contract and statement of work for state and regional Epidemiology Response Coordinators.

2a. Identify regions or LHJs in need of additional support.

2b. Develop 2003-2004 LHJ contract and statement of work for regional or local staffing enhancement.

Timeline: What are the critical milestones and completion dates for each task?

1a. LHJ contract including statement of work and deliverables in place by 8/30/03
2a. Regions/LHJs in need of additional support identified by 6/10/03
2b. Contract developed for additional support by 8/30/03

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. DOH and Regional Epidemiology Response Coordinators
2a. Local, regional and state public health agencies
2b. DOH

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Contracts developed
- Staff positions filled

i. With local public health agencies, coordinate all epidemiologic response-specific planning in this section with your jurisdiction's overall planning conducted in Focus Area A, and with hospital preparedness activities being facilitated by the Health Resources Services Administration.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. At the state level and in each region, the Epidemiology Coordinators will continue to collaborate with Regional Emergency Response Coordinators (RERCs) and with local Emergency Response Coordinators to enhance relationships with hospitals. This will ensure a robust and coordinated approach to critical cross-cutting response activities including improved surveillance and reporting, mass vaccination and treatment, exercises, information management and communication.

   Regional Epidemiology Coordinators will continue working with each Regional Emergency Response Coordinator and continue to aid local health jurisdictions in developing their public health emergency response plans. The plans will be compatible with existing comprehensive emergency response plans at the local, regional, and state level.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. State and Regional Epidemiology Response Coordinators, in conjunction with RERCs, will participate in state/regional/local multi-agency bioterrorism and emergency preparedness planning groups that may include representatives from public health, hospitals, public safety, emergency management, transportation, utilities, and political leadership.
1b. Participate in drills and exercises to identify weaknesses in plans and develop new strategies (reference exercises from CC #6, activity #8 and CC#7, activity #8).

Timeline: What are the critical milestones and completion dates for each task?

1a. Continue or begin multi-agency planning group participation ongoing
1b. Participate in drills and exercises as they are developed

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State and Regional Epidemiology Response Coordinators, local communicable disease staff, Local and Regional Emergency Response Coordinators.

1b. State, regional and local public health agencies.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Epidemiology Response Coordinators attend multi-agency planning group sessions.
- Epidemiology Response Coordinators participate in drills or exercises of BT preparedness.

ii. a. Provide ongoing specialized epidemiology investigation and response training for state and local public health staff (including epidemiology response teams) who would respond to a bioterrorism event. **(LINK WITH FOCUS AREA G, CROSS CUTTING ACTIVITITY *EDUCATION AND TRAINING* Attachment X)**

b. Evaluate bioterrorism epidemiologic response training for state and local public health agency personnel, healthcare providers, policy makers, law enforcement officials, and others who would be involved in responding to an event (drills/exercises).

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Establish a state epidemiology training coordinator (Epidemiology Learning Liaison) to work closely with Focus Area G Coordinator, Regional Learning Specialists (RLS) and Regional Epidemiology Coordinators to identify, evaluate, develop curriculum and provide specialized training and learning opportunities for public health staff and their response partners. As appropriate, the state epidemiology training coordinator will conduct an assessment of training needs and the level of epidemiology surveillance and response expertise among epidemiology response team members and conduct an assessment of training needs.

   Training and learning may include smallpox, basic epidemiology concepts, disease investigation, rapid needs assessment, incident command, mass immunization and antibiotic dispensing, crisis/risk communications, triage and other areas as identified.

   Epidemiology Response Team (and Smallpox Response Team) Training will be developed and packaged in a variety of formats to the state and regional epidemiology and smallpox response teams.

   Exercises based on the trainings will be conducted and evaluated.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Establish a state Epidemiology Learning Liaison to work closely with Focus Area G Lead, RLS and Regional Epidemiology Coordinators to identify, evaluate, develop and provide specialized epidemiology response training.

1b. Link with Focus Area G and WAPHTN to maintain a calendar of learning and training opportunities offered by public health, emergency response partners and academic institutions in the state relevant to epidemiology response activities.

1c. Catalogue and communicate about existing epidemiology and surveillance web-based,

video or other self-study training materials available through Public Health Training Network or other sources.

1d. Track and manage education and training through link with Focus Area G and the Learning Management System

1e. Identify and prioritize gaps in available epidemiology and surveillance training materials and develop strategies and identify partners (Northwest Center for Public Health Practice or another region) to assist with filling those gaps.

1f. Work with regions to develop standardized training specific to response plans, response team roles, investigation protocols, disease reporting forms, PHIMS and other needs.

1g. Provide training to local public health staff, partner agency staff, epidemiology response teams, health care providers, and others through statewide, regional or local meetings, train-the-trainer sessions, exercises and drills and evaluate training based on response

1h. Identify additional epidemiology and surveillance training needs of participants and direct them to other scheduled or available self-study training as appropriate.

1i. Once the Smallpox Response Plan has been revised, a subset of the Epidemiology Response Team training will be developed for the smallpox response teams.

Timeline: What are the critical milestones and completion dates for each task?

1a. Epidemiology Learning Liaison hired by 10/1/03

1b. Develop calendar - ongoing

1c. Catalog existing trainings - ongoing

1d. Use Washington Learning Management System when established

1e. Identify and prioritize gaps - ongoing

1f. Standardized training developed - ongoing

1g. Provide training - ongoing

1h. Develop public health Smallpox Response Team training by 11/1/03

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Focus Area B and G Leads

1b. Epidemiology Learning Liaison and Focus Area G Lead

1c. Epidemiology Learning Liaison

1d. Epidemiology Learning Liaison

1e. Epidemiology Learning Liaison and RLS

1f. Epidemiology Learning Liaison

1g. As determined by DOH or LHJ Regional Lead

1h. Smallpox Training Coordinator and Region 6 health educator

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Courses delivered/offered

- Courses attended by appropriate audience/recipients (those persons expected to respond in a BT event).
- Course content implemented (train-the-trainers; technical assistance set up and available).

4. Develop the capacity to track the degree to which persons who have not been exposed to a potential terrorist or emerging infectious agent seek acute care at health care facilities.

Strategies: What overarching approach(es) will be used to undertake this activity?

LINK with HRSA

1. Public health regions may elect to develop the capacity to track care-seeking by the worried well. One approach might be to use information from previous outbreaks, including the 2001 anthrax cases, to anticipate the ratio of worried-well that will seek care following a reported case. For example the regions could examine hospital use data and health care staff not reporting to work in areas affected by Severe Acute Respiratory Syndrome, and develop the capacity for hospitals to track and record persons in various triage categories.

   This data could be used to anticipate and plan for surge capacity (staffing, supplies, equipment, cross-training, diverting) in urgent/emergency care centers/clinics.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. In conjunction with hospitals, public health regions and/or local health jurisdictions identify scope and strategy of plan to track care-seeking of worried well in health care facilities.

1b. Incorporate tracking methods into emergency response plans

Timeline: What are the critical milestones and completion dates for each task?

1a. Develop strategy and scope of project, timeline defined by involved parties.

1b. Revise emergency response plans on an ongoing basis to incorporate new strategies and/or lessons learned.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Regional and/or local public health agencies electing to develop this capacity.

1b. Regional and/or local public health agencies electing to develop this capacity

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Method developed to track worried well shared with other regions

5. In coordination with appropriate state and local agencies responsible for food, water, and air safety, develop or ensure capacity of public health system to respond in a timely and appropriate manner to a food-, water-, or air-borne illness or threat.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. As part of the state and regional epidemiology response plan, continue to develop investigation protocols by disease syndrome (i.e., gastroenteritis, rash, respiratory,

neurologic). Include notification and response algorithms that will engage appropriate state and local agencies (i.e., Food and Drug Administration, Departments of Agriculture, Environmental Protection Agency, Department of Ecology, etc) in a timely fashion (see Critical Benchmark #7). Educate public health and partner staff on the use of these protocols for disease investigation and response.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Continue development of investigation protocols for diseases by syndrome through sharing current drafts and protocols from other states

1b In conjunction with Focus Area A, meet with appropriate response partners to ensure integration of activities as appropriate

1c. In conjunction with Focus Area A, update and refine protocols as appropriate for local, regional and state use using lessons learned from exercises and after-action reports

Timeline: What are the critical milestones and completion dates for each task?

1a. Reach agreement on template for disease syndromes for diseases by: 11/1/03

1b. Meetings held as appropriate

1c. Ongoing revision of protocols

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1. State and Regional Epidemiology Response Coordinators and/or local communicable disease staff

1b. As defined by the region

1c. State and Regional Epidemiology Response Coordinators, local communicable disease staff and RERCs

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Template for disease syndromes established

6. Develop or acquire information and fact sheets about bioterrorism, other infectious disease outbreaks, other public health threats and emergencies, and other relevant technical information for public use in a terrorist event. **(LINK WITH FOCUS AREA F)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Linking with Focus Areas F and G, continue to develop standardized, audience specific public informational materials for state and regional coordinators. These materials will facilitate the delivery of public health messages related to bioterrorism and communicable disease. Materials already developed regarding clinical, laboratory, epidemiological, and local planning aspects of bioterrorism will be standardized and made available to all regional coordinators. Appropriate materials will be translated and made available in several formats with an emphasis on the ability to obtain materials in multiple languages in an emergency. Public communications materials and Web-ready information will be

prepared in advance in order to minimize the number of worried-well seeking care. A backup hard-copy catalog of existing fact sheets will be developed for use when Web access is not available.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Compile and assess materials that have already been developed.

1b. Determine which materials still need to be developed and determine the best format for these materials (web, brochures/fact sheets, public service announcements). Develop needed materials.

1c. Determine the best mechanisms for disseminating materials to all regional and local agencies.

Timeline: What are the critical milestones and completion dates for each task?

1a. Compile and assess existing materials - ongoing

1b. Assess what materials need to be developed and develop necessary materials - ongoing

1c. Disseminate materials-ongoing

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. DOH Communications Office, Epidemiology Learning Liaison, Region 6 Health Educator and Focus Area G

1b. DOH Communications Office, Epidemiology Learning Liaison, Region 6 Health Educator and Focus Area G

1c. DOH Communications Office, Epidemiology Learning Liaison, and Focus Area G

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Development and dissemination of BT fact sheets in a variety of formats.

7. With local public health agencies, identify and maintain a current list of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event (for example, those who have seen and treated smallpox) who may serve as consultants during a public health emergency. (See Appendix 4, IT Function #7) **(CRITICAL BENCHMARK #8)**

Strategies: What overarching approach(es) will be used to undertake this activity?

Develop a standardized database format and structure to provide the framework for registries of health care providers, public health staff and other volunteers who could assist in a public health emergency. The goal will be to develop small registries specific to program needs, with the capability to share information between registries. We will employ the following strategies to reach this goal:

1. Define the standard database format and structure, based on the database standards defined in the Public Health Information Network.

2. Develop a Web-based mechanism for providing local health agencies with access to contact information for licensed clinicians in their communities, using data maintained in the DOH Health Professions Licensing database.
3. Enhance the contact information system to allow collection and tracking of additional information on licensed clinicians who volunteer to participate in emergency response activities.
4. Building on the experience gained, develop additional program-specific databases (i.e., clinicians and public health volunteers with experience in responding to smallpox). Assure that program-specific databases can be populated either through direct data entry or through linkage with primary clinician contact database.

Data elements for these registries could include contact information, licensing information, and smallpox vaccination history. In addition to information collected through the Web-based system, these registries could be populated by regional and local health jurisdiction personnel (through some type of survey) with skills, experience, and other important factors related to roles individuals might play in their local public health emergency response plan.

Vaccination status of newly vaccinated individuals in the registry will be updated when appropriate. State, regions and/or local health agencies will develop strategies for completing data collection on Stage 1 vaccinees, and adding other volunteers (including sentinel providers and epidemiology response team members) as appropriate. Public health staff cross-trained in epidemiologic surveillance and investigation will be included in this database.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Identify required common data elements for all proposed registries.

1b Develop logical data model for all proposed registries.

2a Proceed with implementation of Provider On-line Database and Registry System (PODRS) to provide local health agencies with basic contact information for licensed clinicians.

2b Develop maintenance and support structure for PODRS.

2c Provide training for local health agencies and DOH staff in using PODRS.

3a. Assure ability of PODRS to support entry of volunteer provider information.

3b. Notify selected licensed clinicians of opportunity to volunteer.

3c. Develop mechanisms for local health agencies to access and screen volunteer information.

3d. Provide training to local health agencies for accessing volunteer information.

4a. Utilizing core logical data model, build database and application specific to program needs (i.e., smallpox program).

4b. Develop mechanisms for populating new database, including linkage to PODRS and ability to manually enter data from surveys.

4c. Develop maintenance and support structure for program-specific databases.

4d. Provide training to local health agencies and DOH staff for using system.

Timeline: What are the critical milestones and completion dates for each task?

1a. Core data elements defined by 8/16/03.
1b. Core logical data model developed by 10/1/03.
2a. PODRS implemented by 10/1/03.
2b. Maintenance and support structure developed for PODRS by 10/1/03.
2c. Training on PODRS provided by 10/1/03.
3a. Ability of PODRS to support entry of volunteer provider information assured by 11/1/03.
3b. Priority licensed clinicians of opportunity to volunteer notified by 11/1/03.
3c. Mechanisms for local health agencies to access and screen volunteer information developed by 11/1/03.
3d. Training to local health agencies for accessing volunteer information provided by 11/1/03.
4a. Database and application specific to smallpox program built by 1/1/04.
4b. Ability to populate with linkage to PODRS or manual data entry built by 1/1/04.
4c. Maintenance and support structure for program-specific databases developed by 1/1/04.
4d. Training to local health agencies and DOH staff for using system provided by 3/1/04.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Division of Information Resources Management (DIRM)/Communicable Disease Epidemiology Data Specialist
1b. DIRM
2a. Health Professions Quality Assurance (HPQA)
2b. HPQA, DIRM
2c. Regional Epidemiology Coordinators, RLS
3a. HPQA/DIRM
3b. HPQA/WEDSS
3c. Regional Epidemiology Coordinators, RLS
4a. Contractor for Communicable Disease Epidemiology/DIRM
4b. Contractor for Communicable Disease Epidemiology/DIRM
4c. DIRM/Division of Epidemiology, Health Statistics and Public Health Laboratories
4d. Regional Epidemiology Coordinators, RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- PODRS available to local health agencies
- Web-based volunteer registration system available to clinicians and local health agencies
- Smallpox specific registry available to DOH staff and local health agencies
- Documented maintenance and support plans

8. (Smallpox) Develop and exercise a large-scale smallpox vaccination plan that will provide vaccine for the project's entire population and can be rapidly executed once a case of smallpox disease has been identified anywhere in the world. This plan will be implemented in conjunction with the smallpox response plan mentioned above that will aid in controlling and containing a smallpox disease outbreak should it occur within the project's jurisdiction. The plan should address: patient screening; clinic operations; outreach; adverse event monitoring and management; reading of takes; and evaluation.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. The mass smallpox vaccination plan developed in the fall of 2002 was modified for use in the Stage 1 vaccination clinics. Lessons learned during the execution of the Stage 1 vaccinations need to be incorporated into the revisions of the state mass smallpox vaccination plan. Additional modifications to expedite vaccination processes including screening, clinic operations, adverse events monitoring and take reading need to be developed in order to accommodate mass vaccination. DOH Smallpox Program Coordinator will be responsible for revising this plan in coordination with Focus Area A and the Strategic National Stockpile (SNS) program. Upon completion of the revised state mass vaccination plan, each region will modify the plan for regional use. Regions may elect to exercise their mass vaccination plan during an actual public health event, e.g. in response to an influenza or meningococcal outbreak.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. DOH will modify and refine the current mass vaccination template based on lessons learned from the Stage 1 smallpox vaccination clinics, including identification of ways to expedite the vaccination screening, clinic operations, adverse events monitoring and take reading

1b. In conjunction with Focus Area A, SNS Program, regions will modify the state plan to make it region specific.

1c. In conjunction with Focus Area A, SNS Program, revised plan will be exercised in regions that have the capacity to implement it, using an actual public health event.

Timeline: What are the critical milestones and completion dates for each task?

1a. State mass vaccination plan modification initiated by 11/2003

1b. Mass vaccination plan modified at the regional level - varies by jurisdiction

1c. Mass vaccination plan exercised in select regions - to be determined by region

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Smallpox Program Coordinator, Immunization Program, SNS Coordinator

1b. As identified by the Regional Lead LHJs

1c. As determined by the Regional Lead LHJ conducting the exercise

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Mass vaccination plan exists in each Region.

- Regional exercise the mass vaccination plan

9. Establish a secure, Web-based reporting and notification system that provides for rapid and accurate receipt of reports of disease outbreaks and other acute health events that might suggest bioterrorism. Include provision for multiple channels for routine communications (e.g., Web, e-mail) and alert capacity for emergency notification (e.g., phone, pager) of key staff. (See Appendix 4 for IT Functions #6-9.) **(LINK WITH FOCUS AREA E, CROSS CUTTING ACTIVITITY *INTEROPERABILITY OF IT SYSTEMS,* Attachment X) (CRITICAL BENCHMARK #9)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Ensure 24/7 connectivity between state health departments, LHJs, emergency departments, and emergency management agencies. Ensure that at least three types of redundant communication capabilities [redacted] are in place in state and local health departments, emergency departments and that they connect with existing emergency management communication systems. Establish internet-based alerting mechanisms for key stakeholders, including local and state public health agencies, hospital emergency departments and emergency management agencies.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. In conjunction with Critical Benchmark #7, develop policies for role and responsibility of duty officer

1b. Establish a duty officer role and define a roster of individuals responsible for carrying out that role at DOH, each LHJ, hospital emergency departments and emergency management agencies.

1c. In conjunction with Focus Area E, develop an equipment management plan and provide equipment as necessary (pagers, wireless handhelds, cell phones, wireless radios) to organizations that do not have equipment for the duty officer role.

1d. Define standard alerting mechanisms for internet-based system

1e. Establish Washington State Electronic Communications and Urgent Response System (WA SECURES) User Group

1f. Proceed with implementation of WA SECURES, to allow automated voice and email communications with key stakeholders (initially local health departments, then hospital emergency departments and emergency management agencies).

1g. Engage existing organizations that provide internet-based information to key stakeholders in agreements to post alerts as necessary

1h. Develop a process for testing and improving communication and alerting systems

Timeline: What are the critical milestones and completion dates for each task?

1a. Policy developed based on definition of 24/7 response in CB #7

1b. 24/7 duty officer for urgent health alerts in place in all LHJs by 12/03

1c. Equipment necessary for duty officer role distributed to key stakeholders – 1/2004

1d. Policies developed around internet alerts by 10/1/2003

1e. User group meeting convened by 9/1/03

1f. Deploy WA SECURES to regional and local health departments 1/2004; other stakeholders by 8/2004

1g. Existing hospital and emergency management internet based systems allow accept and link to alerts from state and local health agencies by 12/1/04

1h. Define testing process, test system, document results and develop solutions for issues identified by 3/30/04

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. DOH WEDSS, State and Regional Epidemiology Response Coordinators

1b. LHJ Health Officials

1c. DOH WEDSS

1d. DOH WEDSS and HAN Coordinator

1e. DOH WEDSS

1f. DOH WEDSS

1g. DOH WEDSS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Percentage of LHJs that have identified duty officer and established 24/7 coverage
- Percentage of regional and local health departments with access to WA SECURES alerting system.
- Percentage of key stakeholders receiving alerts via identified Internet-based information systems
- Percentage of key stakeholders who document ability to send and receive alerts.

10. Conduct bioterrorism sessions at key meetings and conferences of outside organizations involved in epidemiologic detection and response, for example, the Association for Practitioners of Infection Control (APIC), infectious disease societies, healthcare practitioners, and veterinary organizations.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. DOH and Regional Epidemiology Coordinators will continue to identify and attend health care partner meetings and conferences and present topical information/training when appropriate or requested. LHJs will continue to strengthen relationships with health care organizations and develop relationships with new health care partners.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. In conjunction with Focus Area G, develop standard presentations for communicable disease and BT topics that can be used by public health staff at the state, regional and local levels to provide trainings at key meetings and conferences.

1b. Continue to establish or improve relationships with local organizations by attending their meetings and requesting time to present topical communicable disease or BT training/education.

1c. Document trainings that were provided.

Timeline: What are the critical milestones and completion dates for each task?

1a. Topics for standardized presentations identified and prioritized - ongoing

1b. Ten standardized presentations developed based on prioritized topics - ongoing

1c. Documentation - ongoing

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State and Regional Epidemiology Coordinators, local communicable disease staff and RLS

1b. State and Regional Epidemiology Coordinators, local communicable disease staff and RLS

1c. State and Regional Epidemiology Coordinators, local communicable disease staff and RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Ten standardized disease presentations developed.
- Regions conduct at least one presentations

CRITICAL CAPACITY #7: To rapidly and effectively investigate and respond to a potential terrorist event, as evidenced by ongoing effective state and local response to naturally occurring individual cases of urgent public health importance, outbreaks of disease, and emergency public health interventions such as emergency chemoprophylaxis or immunization activities.

1. At least annually, assess through exercises or after-action reports to actual events, the 24/7 capacity for response to reports of urgent cases, outbreaks, or other public health emergencies, including any events that suggest intentional release of a biologic, chemical, or radiological agent. **(CRITICAL BENCHMARK #10)**

Strategies: What overarching approach(es) will be used to undertake this activity?

1. State and local public health agencies will assess their 24/7 capacity for response, as described in CB #7 and Focus Area A CC #3, CB #3, through exercises, after-action reports to actual events, or other assessment methods. This assessment can be carried out independently or as part of an agency-wide exercise in conjunction with Focus Area A. Protocols for 24/7 public health response and epidemiology response plans (or overall public health emergency response plans) will be revised by state and local public health agencies based on lessons learned from these assessments.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Linking with CC #5, CB #7, and Focus Area A CC #3, CB #3, conduct an exercise or use a real life event to assess capacity for state, regional and/or local 24/7 response capacity

1b. Summarize lessons learned from each event or exercise

1c. Adjust protocols for 24/7 public health response on the state, regional and/or local levels as necessary and revise the 24/7 public health response model based on findings

Timeline: What are the critical milestones and completion dates for each task?

1a. One assessment of 24/7 response capacity conducted in each region by 3/1/04

1b. Documented lessons learned from all conducted assessments submitted to DOH by 5/30/04

1c. Changes incorporated into model for 24/7 public health response by 7/12/04

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State and Regional Epidemiology Coordinators and/or local communicable disease staff, RERCs and/or LERCs

1b. Regional Epidemiology Coordinators and/or local communicable disease staff, RERCs and/or LERCs

1c. State and Regional Epidemiology Coordinators and local communicable disease staff, RERCs and/or LERCs

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Documented lessons learned from 24/7 response capacity assessments
- 24/7 response system model revised to incorporate those lessons

2. At least annually, assess adequacy of state and local public health response to catastrophic infectious disease such as pandemic influenza, other outbreaks of disease and other public health emergencies. **(CRITICAL BENCHMARK #11)**

Strategies: What overarching approach(es) will be used to undertake this activity?

An exercise that includes public health and hospital response to a large-scale communicable disease outbreak will be developed, implemented and evaluated in coordination with Focus Area A.

1. An exercise design team representing public health, hospitals and partner agencies will identify the exercise objectives, scope, and activities, and methods to evaluate public health response. The evaluation process will include measures epidemiology response objectives such as surveillance, investigation and coordination and will document immediate feedback from the exercise as well as a comprehensive after action report.
2. The exercise will be conducted in at least one public health response region. Non-participating regions will be invited as observers and will be provided with the findings from the exercise evaluation. The exercise may be modified to allow other public health regions to use it for smaller-scale exercises or drilling specific components of emergency

response plans.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Develop exercise in coordination with other public health, hospital and partner agencies

2a. Conduct the planned exercise

Timeline: What are the critical milestones and completion dates for each task?

1a. Identify region to participate in exercise by 8/30/03

1b. Form exercise design and evaluation team by 9/30/2003

2a. Conduct exercise in one public health region by 8/30/2004

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Focus Area A state Leads, State and Regional Epidemiology Response Coordinators

1b. RERC, State and Regional Epidemiology Response Coordinators, Focus Area A state Lead,

2a. RERC, State and Regional Epidemiology Response Coordinators, Focus Area A state Lead, hospital emergency response planner

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Exercise conducted
- Evaluation report produced

3. Based on these assessments, develop or enhance case investigation protocols, response procedures, legal or regulatory provisions, or communication and information dissemination activities that improve the effectiveness of the public health epidemiologic response.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Exercise development (described in activity #2 above) will include careful design of evaluation methods that will capture information and lessons from the exercise to facilitate revision of local, regional and state epidemiology response plans and disease investigation protocols. Regional and state public health agencies will review findings from that evaluation and use them to improve epidemiology response plans and disease investigation protocols, create new tools for investigation and response, and modify policies to improve public health response.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Develop evaluation strategy

Timeline: What are the critical milestones and completion dates for each task?

1a. Exercise evaluation strategy developed varies by jurisdiction

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Exercise Evaluation team

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Evaluation strategy developed

4. Ensure epidemiologic response capacity to investigate and respond to urgent cases, catastrophic infectious disease such as pandemic influenza, other disease outbreaks, and public health emergency interventions at the state and local level by providing necessary staffing, supplies, equipment, consultation, and training in epidemiology, outbreak investigation, interpretation of clinical and laboratory information, public health control measures, protection measures for emergency response workers, communications systems, and management of secure information.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Maintain Epidemiology Response Coordinator positions at state and regional level. Hire medical epidemiologist to oversee epidemiology response including investigations of urgent disease and planning for catastrophic infectious disease outbreaks or bioterrorism. Regions were given the opportunity to request additional staffing, supplies and equipment based on needs identified from the PHEPR assessment or through other methods (see Critical Capacity [CC] #6, #1).
2. Tools for epidemiology investigation and response, including epidemiology response plans, disease investigation protocols (see CC #6, #5), technology (see CC #6, #9; CC #7, #7), and memorandums of agreement for sharing epidemiological resources between jurisdictions will continue to be developed and refined.
3. Training provided to epidemiology response teams identified at the state, regional and/or local levels will build capacity through enhancing epidemiology investigation skills in communicable disease staff and cross-training public health staff from other disciplines (see CC 6, #3).

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Hire DOH BT Medical Epidemiologist
2a. Develop and refine epidemiology response plans or component to regional and LHJ emergency response plans.
2b. Continue development of syndrome and disease specific investigation protocols or procedures
2c. Work with Focus Area A to continue development of Memoranda of Agreement (MOA) to share epidemiologic resources between jurisdictions.
3a. Identify public health staff for state, regional and/or local epidemiology response teams
3b. Provide epidemiology training to public health staff, including those on epidemiology response teams

Timeline: What are the critical milestones and completion dates for each task?

1a. BT Medical Epidemiologist hired

2a. Epidemiology Response component/plan developed – varies by jurisdiction
2b. Syndrome or key disease investigation protocols developed - varies by jurisdiction
2c. One MOA developed in each region - varies by jurisdiction
3a. Epidemiology response team members identified – varies by jurisdiction
3b. Documented epidemiology training on an ongoing basis

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. DOH Communicable Disease Epidemiology and Focus Area B Lead
2a. State and Regional Epidemiology Response Coordinators, local communicable disease staff
2b. State and Regional Epidemiology Response Coordinators, local communicable disease staff
2c. RERCs; Regional Epidemiology Response Coordinators
3a. State and Regional Epidemiology Response Coordinators, local communicable disease staff
3b. State Epidemiology Learning Liaison, State and Regional Epidemiology Response Coordinators, local communicable disease staff

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

- Disease investigation protocols written
- Epidemiology training documented

5. Maintain continuous participation in CDC's Epidemic Information Exchange Program. (See Appendix 4 for IT Functions #7-9.)

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Washington will continue to participate in CDC's Epidemic Information Exchange Program (EpiX) and disseminate information to state, regional and local public health and response partners through multiple redundant communication mechanisms.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Use existing and new communication mechanisms to share information from EpiX, HAN, and other official emergency communications in a timely and effective manner
1b. Expand COMDIS, WA SECURES or EpiX membership as appropriate

Timeline: What are the critical milestones and completion dates for each task?

1a. Distribute routine and urgent messages on an ongoing basis
1b. Expand membership to communication mechanisms as necessary on an ongoing basis

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. HAN Coordinator
1b. State, regional and local public health staff

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Continued Epidemic Information Exchange Program participation and statewide sharing of information

6. With local public health agencies, educate, especially in the context of real-life situations, key policy makers, partners and stakeholders in your jurisdiction regarding the nature and scope of public health surveillance, investigation, response and control.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. In conjunction with Focus Area G, continue to develop, enhance, expand and document the mechanisms (i.e. public health liaison programs, tabletop exercises, public television shows, and after action reports of actual outbreaks) that DOH and LHJs have applied to educate policy makers, partners and stakeholders.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Share and expand mechanisms for educating policy makers, partners and stakeholders
1b. Use meetings, newsletters, email list serves, after action reports to share information with public health system partners.
1c. Document education sessions with key policy makers, partners and stakeholders; follow up as necessary

Timeline: What are the critical milestones and completion dates for each task?

1a. Establish regular meetings with RLS to discuss mechanisms for sharing information - ongoing
1b. Enhance communication mechanisms - ongoing
1c. Evaluate and document education sessions on an ongoing basis

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Focus Area G, RLS and Regional Epidemiology Response Coordinators
1b. State and Regional Epidemiology Response Coordinators, RLS
1c. Focus Area G, State and Regional Epidemiology Response Coordinators; State Epidemiology Learning Liaison; RLS

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Documentation of one after-action report provided in each region

7. With local public health agencies, apply information technology to enhance response capacity (for example, workflow tracking and monitoring systems; field data entry, analysis, and transmission; management of case contacts; and delivery of immunizations and chemoprophylaxis information. (See Appendix 4 for IT Functions #5, 6, and 9.)

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Provide business requirements and expertise to support Focus Area E activities and continued development of information technology for notifiable condition surveillance (PHIMS), notification and alerting (SECURES) and smallpox vaccination safety surveillance (PVMS). In addition to existing projects, identify further technology needs (i.e., a database for outbreak management); document business requirements and explore strategies for developing new applications or incorporating new functionality into existing technologies.

   Regions may also elect to develop individual technology solutions to enhance response capacity, such as databases for rash illness surveillance or systems to log and track epidemiologic activities. Successful products will be shared as appropriate with other local, regional and state public health agencies.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Participate in routine meetings with WEDSS staff to support and further technology development

1b. Document technology needs identified through response plan and disease investigation protocol development, exercises, or other sources. Review and prioritize needs in the context of Focus Area E activities and other statewide technology concerns

1c. Share information about successful regional technology solutions

Timeline: What are the critical milestones and completion dates for each task?

1a. Attend routine meetings with WEDSS staff on an ongoing basis

1b. Create and maintain a list of identified needs on an ongoing basis

1c. Present IT products and share source code and design features on an ongoing basis

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. State and Regional Epidemiology Response and Surveillance Coordinators, WEDSS, state and local communicable disease staff

1b. DOH Epidemiology Data Specialist, State epidemiology and surveillance program manager

1c. Regional Epidemiology Response and Surveillance Coordinators, local communicable disease staff

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Continued development of PVMS, PHIMS and SECURES

8. (Smallpox) Develop a comprehensive smallpox response plan that incorporates post-event plans from participating hospitals. Exercise the plan so it can be rapidly executed to control and contain the consequences of a smallpox outbreak should the outbreak occur within the project's jurisdiction.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. In the fall of 2002, Washington developed a smallpox response plan that included an appendix on hospital response. This statewide plan will be revised to add clarity and functionality. Regions will modify the plan to make it relevant at the regional and/or local levels. Hospital response plans will be used to further refine the state, regional and/or local smallpox response plans. State, regional and/or local smallpox response plans will be updated to include operational protocols and procedures, including clear delineation of health department and hospital roles and responsibilities. An exercise will be developed in coordination with response partners, to test the local, regional, and state smallpox response plans in one county or region. Lessons learned will be shared with the entire state.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Revise statewide comprehensive smallpox response plan

1b. Modify statewide plan as appropriate for regional and/or local public health agencies

c. Meet with hospital representatives to share information about smallpox response plans; discuss hospital and public health plans to ensure plans are integrated and intersect accordingly

1d. Update state, regional and/or local public health and hospital smallpox response plans to ensure that they are complementary

Timeline: What are the critical milestones and completion dates for each task?

1a. Statewide comprehensive smallpox response plan revision initiated by 12/31/2003

1b. Regional and/or local revisions initiated-varies by jurisdiction

1c. One or more meetings with hospital partners held in each region – varies by jurisdiction

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. RERCs, Smallpox Program Coordinator, DOH Immunization Program, State and Regional Epidemiology Response Coordinators,

1b. Regional Epidemiology Response Coordinators, and/or local communicable disease staff, RERC/LERC

1c. Regional Epidemiology Response Coordinators, and/or local communicable disease staff, RERC/LERC

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Revisions of the statewide comprehensive smallpox response plan produced

9. (Smallpox) Identify the number and type of healthcare and public health personnel to serve as members on smallpox response (public health and healthcare response) teams who will be target recipients for vaccine.

Strategies: What overarching approach(es) will be used to undertake this activity?

1. Following the revision of the comprehensive smallpox response plan described above, public health agencies at the state, regional and/or local level will recommend the number and type of healthcare and public health personnel needed for the smallpox response teams. This information will be compared to data in the public health response volunteer registry to identify where gaps exist (see Critical Benchmark #8). State, regional and/or local public health agencies will use appropriate strategies to identify volunteers from public health and healthcare settings to add to the registry in order to fill those gaps. The registry will include information about smallpox vaccination history and whether the volunteer would be able to be vaccinated in the future if necessary. Coordinate with Focus Area A, State and Local Emergency Management to work closely with the Citizen Corps initiative being managed by Homeland Security, in particular the Medical Reserve Corps.

Tasks: What key tasks will be conducted in carrying out each identified strategy?

1a. Enumerate the type of personnel needed for the public health and health care smallpox response teams at the state, regional and/or local level
1b. Identify and add new volunteers for addition to the public health emergency response registry

Timeline: What are the critical milestones and completion dates for each task?

1a. Enumerate type of personnel – varies by jurisdiction
1b. Identify and add new volunteers to the registry as an ongoing process, linked with the tasks described in Critical Benchmark #8.

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

1a. Smallpox Program Coordinator, RERCs, State and Regional Epidemiology Response Coordinators
1b. State And Regional Epidemiology Coordinators and/or local communicable disease staff (See Critical Benchmark #8)

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

Documented enumeration of smallpox response personnel type required in the comprehensive smallpox response plan by state, regional and/or local public health agencies

10. Enhanced Recipient Activity: (Smallpox) Develop and maintain a registry of all public health personnel, health care personnel, public health workers, security staff needed to maintain public order, EMS staff needed to transport ill patients, hospital staff, provate physicians and their staff who may be occupationally at risk to receive vaccination in the event of the release of smallpox.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

11. Enhanced Recipient Activity: (Smallpox) Enumerate the number and type of key security staff needed to maintain public order, EMS staff needed to transport ill patients, hospital staff, private physicians and their staff who may be occupationally at risk during a smallpox outbreak who will be target recipients for vaccine.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

ENHANCED CAPACITY #6: For effective response through the creation or strengthening of pre-event, ongoing working links between health department staff and key individuals and organizations engaged in healthcare, public health, and law enforcement.

1. Regularly provide relevant public health information to key partners through an appropriate Web site and/or a jurisdiction-wide newsletter. **(LINK WITH FOCUS AREA E)**

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

2. With local public health agencies, enhance relationships with infection control professionals through development of a formal public health network or support of state activities that build relationships between the health department and the Association for Practitioners in Infection Control and Epidemiology.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

3. With local public health agencies, enhance relationships with infectious disease physicians by participating in infectious disease rounds and conferences, supporting an infectious disease society or network, or supporting a health department-based infectious disease fellow. **(LINK WITH FOCUS AREA G)**

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

4. With local public health agencies, enhance relationships with emergency department providers and emergency responders by attending and participating at conferences, developing and evaluating surveillance activities, or engaging in NEDSS-related activities for development of electronic systems for emergency department reporting. (See Appendix 4 for IT Functions #1-2.)

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

5. With local public health agencies, enhance relations with medical schools, nursing schools, Centers for Public Health Preparedness, and other schools of public health through joint sponsorship of conferences, teaching, assisting in curriculum development and offering health department electives to students and residents. **(LINK WITH FOCUS AREA G)**

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

6. With local public health agencies, enhance relations with law enforcement agencies, the business community, and the National Guard by establishing designated points of contact and through cross-training in each discipline and/or joint sponsorship of conferences.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

7. With local public health agencies, enhance relations with veterinarians by encouraging infectious disease testing and reporting, participation in veterinary school grand rounds, encouraging relationships with the state board of animal health, department of agriculture, department of natural resources, veterinary school, and veterinary diagnostic laboratory.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

8. With local public health agencies, enhance relations with members of the medical examiner and coroner response community by providing education, designating points of contact, and providing joint sponsorship of meetings.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

9. With local public health agencies, enhance relationships with emergency management agencies to support public health agency role during emergency response activities through cross-training in each discipline, especially enhancing public health's understanding of the Incident Command System.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

10. With local public health agencies, enhance relationships with environmental health and management agencies to support the surveillance, investigation, and response activities required in the event of a chemical or radiological terrorism-associated event.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?

11. With local public health agencies, enhance relationships with worker safety and health agencies and the emergency response community to address issues related to the protection of emergency response workers, health care workers, remediation workers, workers involved in restoring essential public services, and others that may be involved in the response to a terrorist event.

Strategies: What overarching approach(es) will be used to undertake this activity?

N/A

Tasks: What key tasks will be conducted in carrying out each identified strategy?

Timeline: What are the critical milestones and completion dates for each task?

Responsible Parties: Identify the person(s) and/or entity assigned to complete each task.

Evaluation Metric: How will the agency determine progress toward successful completion of the overall recipient activity?
